

This form may be completed online, printed and mailed to the address listed.

**APPLICATION
FOR APPOINTMENT TO THE
BOARD OF OCCUPATIONAL THERAPY PRACTICE
(OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT MEMBER)**

PLEASE PRINT OR TYPE

Name:	First	Middle	Last	Credentials (ie, OT, etc., if applicable)
Mailing Address:	Street/Box/RR			
	City	State	Zip	
Are you a resident of the State of Nebraska?				Answer Yes or No
Business Telephone:		Cell/Pager:		
Residence Telephone:		FAX Number:		
E-Mail Address:				
Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings?				Answer Yes or No
Please indicate how you became aware of this vacancy on this Board.				
Professional Association	HHS R&L Web Page		Newspaper	
Other (please explain): (Please use additional paper if space not adequate)				

ELIGIBILITY REQUIREMENTS

Do you hold a current Nebraska license to practice as an occupational therapist?	Answer Yes or No
Do you hold a current Nebraska license to practice as an occupational therapy assistant?	Answer Yes or No
Have you been actively engaged in rendering services to the public, teaching, or research in occupational therapy for the past five years?	Answer Yes or No
<i>(Statutes that regulate this Board require that three of the persons appointed to the Board shall have been engaged in rendering services to the public, teaching, or research in occupational therapy for at least five years immediately preceding their appointments.)</i>	
Are you expecting to remain in active practice for the duration of the term if you are appointed?	Answer Yes or No
If no, explain:	
Provide the number of years you have been engaged in the practice of occupational therapy	

EDUCATION

School	Location	Degree/Specialty	Completed Date

**DETAILED DESCRIPTION OF WORK EXPERIENCE AS AN OCCUPATIONAL THERAPIST OR
OCCUPATIONAL THERAPY ASSISTANT WITHIN THE LAST FIVE YEARS IN NEBRASKA**

Type of Experience	Location	From/To	Average Number of Hours Per Week

ADDITIONAL INFORMATION

Describe your interest in this profession and why you wish to serve on this Board.

(Please use additional paper if space not adequate)

Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions?

Answer Yes or No

If yes, please explain: (Please use additional paper if space not adequate)

Have you ever had your statutory ability to practice or clinical privileges suspended or revoked?

Answer Yes or No

Are you currently under investigation?

Answer Yes or No

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

Signature

Date

Return completed Application to: Joyce M. Novak, Administrative Assistant,
Nebraska Department of Health & Human Services Regulation and Licensure,
Credentialing Division, Nebraska State Office Building, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE
68509-4986
402/471-0182; FAX 402/471-3577

5/2005